

Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant

Name of Facility			Permit Num	nber
Month Year	r	Plant Desig	n Flow	Telephone Number
			mgd	
Facility's e-mail address	(if available):			
Cartified Operator: Name		Closs	Cortificato	Number Expiration Date

Substitute for State Form 10829 (R/12-2005)

Certified Operator: Name Page 1 of 4 **CHEMICALS RAW SEWAGE** Collection System Overflow Man-Hours at Plant (Plants less than 1 MGD only) **USED** Air Temperature (optional) Lbs/Day or Gal./Day Lbs/Day or Gal./Day CBOD5 - lbs (optional) Precipitation - Inches Bypass At Plant Site Susp. Solids - mg/l Susp. Solids - Ibs (optional) Influent Flow Rate (MGD) Phosphorus - mg/l "x" If Occurred) ("x" If Occurred) Ammonia - mg/l Chlorine - Lbs Day Of Month CBOD5 - mg/l Day of Week 3 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 30 31 Average Maximum Minimum No. of Data

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(SIGNATURE OF CERTIFIED OPERATOR)	(DATE)
(SIGNATURE OF PRINCIPAL EXECUTIVE	(DATE)
OFFICER OR ALITHORIZED AGENT)	

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Monthly Report of Operation Sequencing Batch Reactor Wastewater Treatment Plant

Name of Facility Permit Number (SIGNATURE OF CERTIFIED OPERATOR) (DATE)

(DATE)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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AUTHORIZED AGENT)

rage	Page 3 of 4 Substitute for State Form 10829 (R/12-2005) AUTHORIZED AGENT) FINAL EFFLUENT															
1 }	Flow BOD							Total Suspended Solids			Ammonia				Oth	or
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Day Of Month	Effluent Flow Rate (MGD)	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - lbs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average		
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	Total Monthly Flow:				
	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Percent Removal					Percent Capacity
					(actual flow/design)

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Avg. Max. Min. Data

Name of Facility	Permit Number	For Month Of:	Year

Substitute for State Form 10829 (R/12-2005)

(SIGNATURE OF CERTIFIED OPERATOR)	(Date)

(Date)

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

DIGESTER OPERATION SLUDGE TO **DIGESTER Anaerobic Only** Digested Sludge Withdrawn hrs. or Gal. x 1000 Total Solids in Incoming Sludge - % Volatile Solids in Incoming Sludge - % Total Solids in Digested Sludge - % Supernatant Withdrawn hrs. or Gal. x 1000 Supernatant BOD5 mg/l or NH3-N mg/l Volatile Solids in Digested Sludge - % Waste Act. Sludge Gal. x 1000 Gas Production Cubic Ft. x 1000 Femperature - F Day Of Month Hd 2 3 5 6 8 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Send completed forms by the 28th of the month to:

Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42 100 North Senate Avenue Indianapolis, Indiana 46204-2251